

# **FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

## **Preamble**

Section 2108(a) of the Act provides that the State and Territories\* must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- A. Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- B. Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- C. Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- D. Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

\* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

**FRAMEWORK FOR THE ANNUAL REPORT OF  
THE STATE CHILDREN'S HEALTH INSURANCE PLANS  
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

**DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.**

State/Territory: WI  
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature: \_\_\_\_\_  
**Jason A. Helgerson**

SCHIP Program Name(s): All, Wisconsin

SCHIP Program Type:

- ☐ SCHIP Medicaid Expansion Only  
☐ Separate Child Health Program Only  
☒ Combination of the above

Reporting Period: 2007 *Note: Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07.*

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Submission Date: 3/18/2008

*(Due to your CMS Regional Contact and Central Office Project Officer by January 1<sup>st</sup> of each year)*

## SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
	* Upper % of FPL are defined as <u>Up to and Including</u>									
Eligibility						From	0	% of FPL conception to birth	200	% of FPL *
	From	185	% of FPL for infants	200	% of FPL *	From		% of FPL for infants		% of FPL *
	From	185	% of FPL for children ages 1 through 5	200	% of FPL *	From		% of FPL for children ages 1 through 5		% of FPL *
	From	100	% of FPL for children ages 6 through 16	200	% of FPL *	From		% of FPL for children ages 6 through 16		% of FPL *
	From	100	% of FPL for children ages 17 and 18	200	% of FPL *	From		% of FPL for children ages 17 and 18		% of FPL *

Is presumptive eligibility provided for children?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? <b>[1000]</b>	<input type="checkbox"/>	Yes - Please describe below:  For which populations (include the FPL levels) <b>[1000]</b>  Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period <b>[1000]</b>  Brief description of your presumptive eligibility policies <b>[1000]</b>
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility available?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long?	<input type="checkbox"/>	Yes, for whom and how long?

	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
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Does your State Plan contain authority to implement a waiting list?	Not applicable		<input checked="" type="checkbox"/>	No
			<input type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

  

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

  

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

  

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

  

Can an applicant apply for your program on-line?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes – please check all that apply	<input checked="" type="checkbox"/>	Yes – please check all that apply
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in
	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input checked="" type="checkbox"/>	Electronic signature is required	<input checked="" type="checkbox"/>	Electronic signature is required
	<input type="checkbox"/>		<input type="checkbox"/>	No Signature is required
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

  

Does your program require a face-to-face interview during initial application	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

  

Does your program require a child to be	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		3	Specify number of months
			To which groups (including FPL levels) does the period of uninsurance apply? <b>[1000]</b>	
			<p>This applies to anyone applying for the BadgerCare Prenatal program from 0 to 200% FPL.</p> <p>List all exemptions to imposing the period of uninsurance <b>[1000]</b></p> <p>An individual may have one of the following good cause reasons which would make them exempt from the period of uninsurance. They are:</p> <ol style="list-style-type: none"> <li>1) Loss of employment, other than a voluntary termination</li> <li>2) Loss of employment due to the employee's incapacitation</li> <li>3) Change to a new employer that does not offer coverage</li> <li>4) End of COBRA continuation</li> <li>5) Coverage ends due to death, divorce or age.</li> <li>6) Coverage ends due to reduced (voluntary or involuntary) hours of employment</li> <li>7) Discontinuation of health benefits to all employees by the client's employer</li> </ol>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
			If yes, what database? <b>[1000]</b>	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
	Premium is 5% of income per month. For families with income above 150% FPL the monthly premiums are calculated in \$25 increments and may vary between \$50 and \$300. The premiums are based on monthly family income bands, with the first band being \$1,000 to \$1,499. The bands are increased in \$500 increments with a corresponding \$25 premium increase.		Premium is 5% of income per month. For families with income above 150% FPL the monthly premiums are calculated in \$25 increments and may vary between \$50 and \$300. The premiums are based on monthly family income bands, with the first band being \$1,000 to \$1,499. The bands are increased in \$500 increments with a corresponding \$25 premium increase.	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program impose copayments or coinsurance?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	

	There are several types of income that are disregarded when calculating income for BadgerCare eligibility. State and federal law determines the types of income to be disregarded. These include payments to Native Americans, disaster and emergency assistance payments, TANF payments, foster care, adoption assistance, refugee cash assistance, and other types of income.		There are several types of income that are disregarded when calculating income for BadgerCare eligibility. State and federal law determines the types of income to be disregarded. These include payments to Native Americans, disaster and emergency assistance payments, TANF payments, foster care, adoption assistance, refugee cash assistance, and other types of income.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Enter any Narrative text below. **[7500]**

Explanation for the question “Can an applicant apply for your program over the phone?”:

The entire application cannot be completed over the phone since the applicant does have to sign it. The income maintenance agency worker can go through the questions and get the case set up over the phone. It would not be confirmed until the application is mailed out for a signature and then returned to the agency. Annual re-determinations may be completed over the phone.

Note regarding the Separate Child Health Program:

Wisconsin has opted to implement a provision to cover unborn children under the SCHIP regulations (42 CFR 457) as the BadgerCare Prenatal program since January 1, 2006. Through coverage of an unborn child Wisconsin is able to provide prenatal care to uninsured pregnant women who are ineligible for Medicaid due to not being a citizen or qualifying alien or for being incarcerated. Since it is an option specifically under the SCHIP regulatory authority it is implemented as a Separate Child Health Program. Therefore, to clarify, we administer the regular BadgerCare program as a MA expansion program and the BadgerCare Prenatal program is administered as a Separate Child Health Program.

#### Comments on Responses in Table:

Is there an assets test for children in your Medicaid program?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A
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Is it different from the assets test in your separate child health program?

If yes, please describe in the narrative section below the asset test in your program.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A
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Are there income disregards for your Medicaid program?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
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Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program.

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A
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Is a joint application used for your Medicaid and separate child health program?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
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7. Indicate what documentation is required at initial application

	<u>Self-Declaration</u>	<u>Documentation Required</u>
<u>Income</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Citizenship</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Insured Status</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	<b>Medicaid Expansion SCHIP Program</b>			<b>Separate Child Health Program</b>		
	Yes	No Change	N/A	Yes	No Change	N/A
Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Application documentation requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Benefit structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family coverage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach (e.g., decrease funds, target outreach)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prenatal Eligibility expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other – please specify						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. For each topic you responded yes to above, please explain the change and why the change was made, below:

Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
Application	
Application documentation requirements	
Benefit structure	
Cost sharing (including amounts, populations, & collection process)	
Crowd out policies	

Delivery system	
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
Eligibility levels / target population	
Assets test in Medicaid and/or SCHIP	
Income disregards in Medicaid and/or SCHIP	
Eligibility redetermination process	
Enrollment process for health plan selection	
Family coverage	
Outreach	In the last fiscal year, Wisconsin has hired a full time Outreach Coordinator. This is a new position dedicated to outreach for our BadgerCare, Medicaid and Food Stamp programs.
Premium assistance	
Prenatal Eligibility Expansion	
Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
Other – please specify	
a.	
b.	

c.	
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Enter any Narrative text below. **[7500]**  
 Note for #7: Income can be self declared as long as Income Maintenance Agency workers have access to a data exchange to confirm income. If the applicant has earnings that would not be included on our usual data exchanges, then the applicant is requested to provide documentation.

## SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

### SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007). Additional instructions for completing each row of the table are provided below.

#### If Data Not Reported, Please Explain Why:

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

Population not covered: Check this box if your program does not cover the population included in the measure.

Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.

Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.

Other: Please specify if there is another reason why your state cannot report the measure.

#### Status of Data Reported:

Please indicate the status of the data you are reporting, as follows:

Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

**Measurement Specification:**

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

**Data Source:**

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

**Definition of Population included in the Measure:**

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

**Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.**

**Year of Data:**

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

**Performance Measurement Data (HEDIS® or Other):**

In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

**Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.**

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

**Explanation of Progress:**

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

**Other Comments on Measure:**

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

**NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.**

**MEASURE: Well Child Visits in the First 15 Months of Life**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>  MEDDIC-MS is used. HEDIS is not used due to the fact that no HEDIS measure exists for EPSDT services.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>  MEDDIC-MS is used. HEDIS is not used due to the fact that no HEDIS measure exists for EPSDT services.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>  Reported using MEDDIC-MS; no HEDIS measure exists for EPSDT services.</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Technical definitions available upon request.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Technical definitions available upon request.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Technical definitions available upon request.</p>
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>1 visit</u> <u>5 visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>2 visits</u> <u>6+ visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>3 visits</u> Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>1 visit</u> <u>5 visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>2 visits</u> <u>6+ visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>3 visits</u> Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>1 visit</u> <u>5 visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>2 visits</u> <u>6+ visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>3 visits</u> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Children in the denominator for each age cohort who receive: At least one EPSDT examination in the look-back period.  Denominator: Age cohorts: Enrollees age 20-28 months at the measure end date. Enrollment criteria: All criteria must be met. Enrolled at birth or within 45 days of birth. Enrolled with the same HMO at least 518 days continuously with not more than one gap in enrollment of up to 45 days from the date of enrollment.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Children in the denominator for each age cohort who receive: At least one EPSDT examination in the look-back period.  Denominator: Age cohorts: Enrollees age 20-28 months at the measure end date. Enrollment criteria: All criteria must be met. Enrolled at birth or within 45 days of birth. Enrolled with the same HMO at least 518 days continuously with not more than one gap in enrollment of up to 45 days from the date of enrollment.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Children in the denominator for each age cohort who receive at least one EPSDT examination in the look-back period. Denominator: Age cohorts: enrollees aged 20-28 months at the measure end date; All enrollment criteria must be met; Enrolled at birth or within 45 days of birth; Enrolled with the same HMO at least 518 days continuously with not more than one gap in enrollment up to 45 days from the date of enrollment.



<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></p>		

**MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life**

FFY 2005	FFY 2006	FFY 2007
<b>Did you report on this goal?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Data Not Reported, Please Explain Why:</b> <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Did you report on this goal?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Data Not Reported, Please Explain Why:</b> <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Did you report on this goal?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Data Not Reported, Please Explain Why:</b> <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to the fact that no HEDIS measure exists for EPSDT services.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to the fact that no HEDIS measure exists for EPSDT services.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Reported using MEDDIC-MS; no HEDIS measure exists for EPSDT services.
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Technical specifications available upon request.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Technical specifications available upon request.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Technical definitions available upon request.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator:

<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
Denominator: Rate:	Denominator: Rate:	Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

**Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Vary by age cohort. No room in SART for data table, but they are available upon request. Denominator: Vary by age cohort. No room in SART for data table, but they are available upon request.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Vary by age cohort. No room in SART for data table, but they are available upon request. Denominator: Vary by age cohort. No room in SART for data table, but they are available upon request.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Varies by age cohort. Data table available upon request. Denominator: Varies by age cohort. Data table available upon request.
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>		
<b>Other Comments on Measure:</b>		

**MEASURE: Use of Appropriate Medications for Children with Asthma**

FFY 2005	FFY 2006	FFY 2007
<b>Did you report on this goal?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Data Not Reported, Please Explain Why:</b> <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Did you report on this goal?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Data Not Reported, Please Explain Why:</b> <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Did you report on this goal?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Data Not Reported, Please Explain Why:</b> <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to accuracy issues, excessive administrative costs and burdens.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to accuracy issues, excessive administrative costs and burdens.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Reported using MEDDIC-MS; HEDIS is not used due to accuracy issues and excessive administrative costs and burdens.
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Technical specs available upon request.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Technical specs available upon request.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Technical specifications available upon request.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006

**Use of Appropriate Medications for Children with Asthma (continued)**

FFY 2005	FFY 2006	FFY 2007
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:  <u>10-17 years</u> Numerator: Denominator: Rate:  <u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:  <u>10-17 years</u> Numerator: Denominator: Rate:  <u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:  <u>10-17 years</u> Numerator: Denominator: Rate:  <u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Enrollees with a diagnosis of asthma. Denominator: Age cohorts: Birth to age 20 years and over age 21 years.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Enrollees with a diagnosis of asthma. Denominator: Age cohorts: Birth to age 20 years and over age 21 years.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Enrollees with a diagnosis of asthma. Denominator: Age cohorts: birth to age 20 and over age 21.
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>		

**Other Comments on Measure:**

**MEASURE: Children's Access to Primary Care Practitioners**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>  MEDDIC-MS is used. HEDIS is not used due to excessive administrative costs and burdens.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>  MEDDIC-MS is used. HEDIS is not used due to excessive administrative costs and burdens.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>  Reported using MEDDIC-MS; HEDIS not used due to excessive administrative costs and burdens.</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Technical specs available upon request.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Technical specs available upon request.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Technical specifications available upon request.</p>
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b>



FFY 2005	FFY 2006	FFY 2007
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>25 months-6 years</u> <u>12-19 years</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>25 months-6 years</u> <u>12-19 years</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>25 months-6 years</u> <u>12-19 years</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Emergency department (ED) visits without admission to inpatient care, by age cohort. Enrollees in each denominator age cohort receiving at least one encounter of care in an emergency department of an acute care provider facility without subsequent admission to an inpatient care facility as a direct result of the ED visit in the measure look-back period.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Emergency department (ED) visits without admission to inpatient care, by age cohort. Enrollees in each denominator age cohort receiving at least one encounter of care in an emergency department of an acute care provider facility without subsequent admission to an inpatient care facility as a direct result of the ED visit in the measure look-back period.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: Emergency department (ED) visits without admission to inpatient care, by age cohort. Enrollees in each denominator age cohort receiving at least one encounter of care in an ED of an acute care provider facility without subsequent admission to an inpatient care facility as a direct result of the ED visit in the measure look-back period.
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>		

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure:		

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4<sup>th</sup> quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	57034	56904	-0.23
Separate Child Health Program	0	5619	Infinity

Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

Over the last year Wisconsin has implemented the citizenship and identity verification requirement for our regular MA and MA expansion program applicants and recipients. While Wisconsin's Separate Child Health Program, BadgerCare Prenatal, is not subject to the requirement, it is possible that there has been a chilling effect on the potential applicants for this program. Since the BadgerCare Prenatal population is primarily undocumented women seeking prenatal care for their unborn child, any requirement trying to establish identity, citizenship, or legal status could produce some fear and reluctance on the part of this population to come into contact with a government program. Other than that, there does not appear to be any other obvious factor contributing to a decline in the enrollment.

The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. Significant changes are denoted with an asterisk (\*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	46	15.1	3.3	1.1
1998 - 2000	60	17.9	3.9	1.1
2000 - 2002	36	9.3	2.6	.7

2002 - 2004	53	11.2	3.8	.8
2003 - 2005	60	12.9	4.3	.9
2004 - 2006	48	12.0	3.5	.9
Percent change 1996-1998 vs. 2004-2006	4.3%	NA	6.1%	NA

Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☒ Yes (please report your data in the table below)

☐ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	Wisconsin Family Health Survey
Reporting period (2 or more points in time)	2003, 2004, 2005, 2006
Methodology	Annual statewide random sample telephone survey of Wisconsin household residents, conducted through most of the year. The adult in each sampled household who is most knowledgeable about the health of all household members answers all survey questions, providing information about everyone living in the household. Data results are weighted to account for disproportionate stratified sampling rates and response rates, and post-stratification provides population estimates corresponding to annual estimates of the statewide household population. Questions are asked about current insurance coverage, type of coverage, and coverage over the 12 months preceding the survey interview.
Population (Please include ages and income levels)	All residents of Wisconsin households with working landline telephones. African American residents are oversampled; weighting adjustments are used to yield representative results.
Sample sizes	Each year is similar. In 2006: 6,523 people including 1,912 children under age 19, of whom 611 were living in households under 185% FPL.
Number and/or rate for two or more points in time	Low-income uninsured children under age 19. 2003: 22,000 +/- 7200; 2004: 27,000 +/- 9000; 2005: 34,000 +/- 9000; 2006: 48,000 +/-

	11000.
Statistical significance of results	The difference between 2003 and 2004 is not significant. The difference between 2004 and 2005 is not significant. The difference between 2005 and 2006 is significant at the 95% level.

Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

This is the same methodology that was used last year. The Wisconsin Family Health Survey is preferred over the Current Population Survey because it is a high-quality statewide sample survey on health status, health insurance and health care, whereas the CPS is a labor force survey with a small number of questions included on health insurance.

What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

Wisconsin Family Health Survey (FHS) estimates of the uninsured have been used by state planners, budget analysts and policymakers for several years. The survey is conducted by a reputable academic survey research organization (the University of Wisconsin Survey Center) and is managed by a trained survey researcher in the Department of Health and Family Services. The survey is conducted in both English and Spanish. Results are considered to be representative of all Wisconsin household residents. When compared to other benchmarks for Wisconsin, the results are found to be similar and reasonable. Please refer to the additional table above for confidence intervals.

What are the limitations of the data or estimation methodology?

The FHS is limited to some degree by not including households without telephones, so that the poorest households may be underrepresented in the sample. Households with only cell phones (no landlines) are excluded. Recent research indicates that this has little effect on estimates of the uninsured.

How does your State use this alternate data source in SCHIP program planning?

Family Health Survey data have been extensively analyzed to examine characteristics and numbers of uninsured in Wisconsin. Policy staff in the Department of Health and Family Services as well as Health Care Financing program staff rely on FHS data analysis to inform their decisions. Analysis topics include the number of low-income uninsured children living with employed adults, changes in the number and proportions of low-income uninsured children and adults, geographic distribution of the uninsured, types of insurance coverage among low-income residents, and poverty status among the uninsured.

How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

Currently Wisconsin does not have a formal process in place to measure this.

## SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

Reducing the number of uninsured children

SCHIP enrollment

Medicaid enrollment

Increasing access to care

Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

**NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.**

**In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not\_report elsewhere in Section II.**

Additional instructions for completing each row of the table are provided below.

### Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13<sup>th</sup> birthday."

### Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

### **Status of Data Reported:**

Please indicate the status of the data you are reporting for each goal, as follows:

Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

### **Measurement Specification:**

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

### **Data Source:**

For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

### **Definition of Population Included in Measure:**

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care, please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

### **Year of Data:**

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

**Performance Measurement Data:**

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

**Explanation of Progress:**

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

**Other Comments on Measure:**

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.



**Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>  <b>Are there any quality improvement activities that contribute to your progress?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b>  <b>Are there any quality improvement activities that contribute to your progress?</b>
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>

<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
	<b>Annual Performance Objective for FFY 2009:</b>	<b>Annual Performance Objective for FFY 2010:</b>
	<i>Explain how these objectives were set:</i>	<i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?	<b>Explanation of Progress:</b>  How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?  Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?	<b>Explanation of Progress:</b>  How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?  Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

## Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>



**Objectives Related to SCHIP Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to SCHIP Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

## Objectives Related to Medicaid Enrollment

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Medicaid Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>



**Objectives Related to Medicaid Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?

<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b> Monitor/increase access/utilization of Mental Health/Substance Abuse evaluations and outpatient care.	<b>Goal #1 (Describe)</b> Monitor/increase access/utilization of Mental Health/Substance Abuse evaluations and outpatient care.	<b>Goal #1 (Describe)</b> Monitor/increase access/utilization of Mental Health/Substance Abuse evaluations and outpatient care.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to lack of equivalent measure.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to lack of equivalent measure.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Reported using MEDDIC-MS; HEDIS is not used due to a lack of equivalent measure.
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator #1, MH/AODA outpatient evaluation Numerator #2, MH day/outpatient treatment Numerator #3, Substance abuse day/outpatient treatment	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator #1, MH/AODA outpatient evaluation Numerator #2, MH day/outpatient treatment Numerator #3, Substance abuse day/outpatient treatment	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: 1) MH/AODA outpatient evaluation; 2) MH day/outpatient treatment; 3) Substance Abuse day/outpatient treatment.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Numerator: MH/AODA outpatient evaluation. Unduplicated enrollees in the denominator age cohorts receiving at least one outpatient mental health or substance abuse evaluation. Services provided by mental health or substance abuse specialty providers based on current and previous HMO claims/encounter data and FFS MEDS data included. Denominator: Age cohorts: 0-18 years, 19+ years.
	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.  <b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.  <b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.  <b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.  <b>Annual Performance Objective for FFY 2010:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b> Monitor/increase access to outpatient general and specialty care.	<b>Goal #2 (Describe)</b> Monitor/increase access to outpatient general and specialty care.	<b>Goal #2 (Describe)</b> Monitor/increase access to outpatient general and specialty care.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to lack of equivalent measure.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to lack of equivalent measure.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Reported using MEDDIC-MS; HEDIS is not used due to lack of an equivalent measure.
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator #1, Emergency department (ED) visits without admission to inpatient care, by age cohort. Numerator #2, Primary care encounters.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator #1, Emergency department (ED) visits without admission to inpatient care, by age cohort. Numerator #2, Primary care encounters.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: 1) Emergency department (ED) visits without admission to inpatient care, by age cohort; 2) primary care encounters.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:

FFY 2005	FFY 2006	FFY 2007
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>  <b>Are there any quality improvement activities that contribute to your progress?</b>  <b>Annual Performance Objective for FFY 2007:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula. <b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula. <b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.  <i>Explain how these objectives were set:</i>	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>  <b>Are there any quality improvement activities that contribute to your progress?</b>  <b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula. <b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula. <b>Annual Performance Objective for FFY 2010:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b> Monitor access/utilization of inpatient general and specialty care.	<b>Goal #3 (Describe)</b> Monitor access/utilization of inpatient general and specialty care.	<b>Goal #3 (Describe)</b> Monitor access/utilization of inpatient general and specialty care.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to lack of equivalent measure.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to lack of equivalent measure.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Reported using MEDDIC-MS; HEDIS is not used due to a lack of equivalent measure.
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator #1, Inpatient maternity care. Numerator #2, Neonatal care. Numerator #3, Surgery.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator #1, Inpatient maternity care. Numerator #2, Neonatal care. Numerator #3, Surgery.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: 1) Inpatient maternity care; 2) neonatal care; 3) surgery.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<b>Other Performance Measurement Data:</b>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p><b>Annual Performance Objective for FFY 2007:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p><b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>



**Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b> Monitor/increase percentage of children receiving blood lead toxicity screening tests at age one and two years.	<b>Goal #1 (Describe)</b> Monitor/increase percentage of children receiving blood lead toxicity screening tests at age one and two years.	<b>Goal #1 (Describe)</b> Monitor/increase percentage of children receiving blood tests at age one and two years.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to the fact that no HEDIS measure exists for pediatric blood lead toxicity screening.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to the fact that no HEDIS measure exists for pediatric blood lead toxicity screening.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Reported using MEDDIC-MS; HEDIS lacks a measure for pediatric blood lead toxicity screening.
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator: Numerator #1, Age at date of service: 6-16 months. Numerator #2, Age at date of service: 17-28 months.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator #1, Age at date of service: 6-16 months. Numerator #2, Age at date of service: 17-28 months.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: 1) Age at date of service: 6-16 months; 2) age at date of service: 17-28 months.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b>  Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2008:</b>  Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2009:</b>  Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b> Monitor/increase delivery of comprehensive EPSDT (HealthCheck) services.	<b>Goal #2 (Describe)</b> Monitor/increase delivery of comprehensive EPSDT (HealthCheck) services.	<b>Goal #2 (Describe)</b> Monitor/increase delivery of comprehensive EPSDT (HealthCheck) services.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to lack of a measure for mandatory EPSDT services.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to lack of a measure for mandatory EPSDT services.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used; HEDIS lacks a measure for mandatory EPSDT services.
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator: Children in the denominator for each age cohort who receive at least one EPSDT examination in the look-back period.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator: Children in the denominator for each age cohort who receive: at least one EPSDT examination in the look-back period.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children in the denominator for each age cohort who receive at least one EPSDT examination in the look-back period.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p><b>Annual Performance Objective for FFY 2007:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p><b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b> Monitor/increase delivery of non-EPSTD well-child care by age cohort.	<b>Goal #3 (Describe)</b> Monitor/increase delivery of non-EPSTD well-child care by age cohort.	<b>Goal #3 (Describe)</b> Monitor/increase delivery of non-EPSTD well-child care by age cohort.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to accuracy cost-effectiveness issues.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MEDDIC-MS is used. HEDIS is not used due to accuracy cost-effectiveness issues.	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Reported using MEDDIC-MS; HEDIS is not used due to accuracy and cost-effectiveness issues.
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator: non-EPSTD ambulatory child care encounters.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator: non-EPSTD ambulatory child care encounters.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Non-EPSTD ambulatory child care encounters.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.  <b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.  <b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.  <b>Annual Performance Objective for FFY 2009:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.  <b>Annual Performance Objective for FFY 2010:</b> Goal-setting is done on topics selected by the DHFS MEDDIC-MS system based on HHS QISMC formula.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

Enter any Narrative text below **[7500]**.

### SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

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Please reference and summarize attachments that are relevant to specific questions

#### OUTREACH

How have you redirected/changed your outreach strategies during the reporting period? [7500]

We continue to offer information in the form of printed material and web-based information. We also continue to offer a training targeted to community-based organizations that addresses the basic concepts necessary to understand Medicaid and BadgerCare.

The department received \$500,000 from private entities which funded two outreach grants in Milwaukee and Rock Counties between October 2005 and August 2006. In Milwaukee an organization called Community Advocates received the grant and provided assistance to individuals in submitting applications for BadgerCare and Medicaid. They also provided general information on the programs and referred individuals to the county agency for further assistance. Their efforts resulted in an additional 1329 individuals receiving health care coverage. In Rock County the Janesville School District received the grant. An outreach specialist and student interns provided general information and assistance in submitting applications for BadgerCare and Medicaid. Their efforts resulted in an additional 213 individuals receiving health care coverage.

During this reporting period, the Department has made significant progress on its web-based outreach capabilities. In July 2003, the Department secured a \$1.7 million grant from USDA's Food and Nutrition Service to develop and implement an interactive website that will more directly connect low-income consumers with public benefits programs. This website ([www.access.wisconsin.gov](http://www.access.wisconsin.gov)) is designed to increase participation in a variety of benefit programs, including BadgerCare, improve customer service, and increase customer satisfaction. The fourth phase of this project, the Report My Changes component, was implemented in September 2006.

Effective with the dates listed, anyone in Wisconsin can visit [access.wisconsin.gov](http://access.wisconsin.gov) to:

- Assess whether they appear to be eligible for FoodShare, BadgerCare, Medicaid, SeniorCare, and other health and nutrition programs (effective August 16, 2004). This function is available in English and Spanish.
- Get information online via the "Check My Benefits" function about their FoodShare, Medicaid/BadgerCare, SeniorCare and Caretaker Supplement benefits (effective September 30, 2005).
- Fill out an application online for FoodShare and Family Medicaid/BadgerCare (effective June 2006).
- Report earned income changes online to a caseworker (effective September 2006).
- Report other financial and non-financial changes online to a caseworker (estimated May 2007).

BadgerCare recipients can use the "Check My Benefits" function of ACCESS to obtain:

- Date the benefit or coverage started
- Date of the next review



- Premium, deductible, spenddown, patient liability, and cost share amounts for health care and prescription drugs
- Specific reasons for denials or benefit closures
- Specific items that the worker is waiting for, such as verification documents or completion of a review
- Contact information for the worker or change center
- Recipient's address and phone number that is on record with the caseworker
- A history of the benefit changes that have occurred since the user first created their ACCESS account
- Answers to frequently asked questions about benefits.

What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **Would you consider this a best practice? [7500]**

We do not have a formal process in place to evaluate outreach methods.

Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **[7500]**

The Governor's "KidsFirst" initiative is underway. KidsFirst will include the formation of public-private partnerships to provide Medicaid outreach grants to community agencies and organizations. Some of these grants will specifically target Hispanic and Hmong populations.

Outreach materials for the ACCESS website (described above) including brochures, posters and referral cards, were translated into Spanish in September 2005.

The fact sheets for the BadgerCare Prenatal Program are available in English, Spanish, Hmong and Russian.

Information on the new citizenship verification requirements for BadgerCare applicants and recipients is available in English, Spanish, and Hmong.

Wisconsin does not have a formal process in place to measure the effectiveness of outreach methods.

What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

## SUBSTITUTION OF COVERAGE (CROWD-OUT)

***States with a separate child health program up to and including 200% of FPL must complete question 1.***

Is your state's eligibility level up to and including 200 percent of the FPL?

- ☒ Yes  
☐ No  
☐ N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. **[7500]**

***States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.***

Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

- ☐ Yes  
☐ No  
☒ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. **[7500]**

***States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.***

Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- ☐ Yes  
☐ No  
☒ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.). **[7500]**

### ***All States must complete the following 3 questions***

Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

Verification of health insurance is required before BadgerCare enrollment can occur. System edits and protocols in CARES and MMIS monitor and prevent BadgerCare enrollment of families with the following:

- current HIPAA coverage;
- health insurance coverage in the three months prior to application;
- current access to ESI subsidized by the employer at 80 percent or more of premium costs;

- access in the 18 months prior to application; or
- direct applicant eligibility to HIPP enrollment if covered by ESI subsidized by the employer between 40 and 80 percent of the monthly premium.

Specifically, CARES generates an Employer Verification Form (EVF) when needed to verify a BadgerCare applicant's or recipient's wages and health insurance. The EVF is mailed to the BadgerCare applicant/recipient who must have the EVF completed by his/her employer. The applicant/recipient must return the completed EVF to a central processing center operated by Wisconsin's Medicaid fiscal agent. If the EVF is not returned, BadgerCare enrollment is denied, or terminated as appropriate. EVFs that are returned are optically scanned by the fiscal agent for data and image. The data is validated and sent to CARES, with the images going to an electronic case file. CARES receives the data stream from the Medicaid fiscal agent and either auto-populates the appropriate CARES screens with the data or creates an automated exception process for certain limited situations (e.g., incomplete information on the EVF). Local economic support workers are able to view the captured images of the EVFs from the electronic case file. Because the wage and insurance information is coming directly from employers, the data entered is considered to be from a trusted third party source and is considered verified.

At the time of application, what percent of applicants are found to have insurance? **[7500]**

14%

Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

Information not available.

## **COORDINATION BETWEEN SCHIP AND MEDICAID**

*(This subsection should be completed by States with a Separate Child Health Program)*

Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

Wisconsin's Separate Child Health Program is a prenatal and labor and delivery benefit which ends when the mother gives birth.

Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

N/A

Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

Yes, Wisconsin contracts with county and tribal health and human services agencies around the state to administer both the Medicaid and BadgerCare Programs.

For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

N/A

## **ELIGIBILITY REDETERMINATION AND RETENTION**

What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

How many notices are sent to the family prior to disenrolling the child from the program?

**[500]**

2

At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**

Participants are first notified of their upcoming renewal in a notice sent during the first week of the month prior to the month in which the renewal is due, which is generally about 45 days in advance. If the participant does not respond to this first notice, a second notice is sent approximately 10 days before the person's eligibility would be terminated. Participants who respond in a timely manner to this second notice may be found eligible with no gap in their coverage.

☐ Sends targeted mailings to selected populations

Please specify population(s) (e.g., lower income eligibility groups) **[500]**

☐ Holds information campaigns

☒ Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]***

Wisconsin has a combined Medicaid/SCHIP application.

☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:* **[500]**

☒ Other, *please explain:* **[500]**

Recipients can manage their benefits through Wisconsin's online program, ACCESS. One of the functions available in ACCESS is called "Check My Benefits". Through this function recipients can check their next review date.

Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

Wisconsin does not have a formal process in place to evaluate retention methods.

What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? **[500]**

Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- ☐ Yes  
☒ No  
☐ N/A

When was the monthly report or assessment last conducted? **[7500]**

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. **[7500]**.

**Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP**

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

**COST SHARING**

Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

No.

Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? **[7500]**

No.

If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? **[7500]**

No.

**EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION**

Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

- ☒ Yes, please answer questions below.  
☐ No, skip to Program Integrity subsection.

## Children

☒ Yes, Check all that apply and complete each question for each authority.

- ☐ Family Coverage Waiver under the State Plan
- ☒ SCHIP Section 1115 Demonstration
- ☐ Medicaid Section 1115 Demonstration
- ☐ Health Insurance Flexibility & Accountability Demonstration

## Adults

☒ Yes, Check all that apply and complete each question for each authority.

- ☐ Family Coverage Waiver under the State Plan
- ☒ SCHIP Section 1115 Demonstration
- ☐ Health Insurance Flexibility & Accountability Demonstration
- ☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Please indicate which adults your State covers with premium assistance. (Check all that apply.)

- ☒ Parents and Caretaker Relatives
- ☐ Childless Adults
- ☐ Pregnant Women

Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**

Wisconsin's HIPP program pays, when cost effective, the employee's share of the ESI premium. The fiscal agent, EDS works directly with employers to set up reimbursement procedures; generally, we reimburse employees based on receipt of a check stub showing the deduction for ESI premium. Alternatively, we can reimburse employers on the basis of receipt of an invoice.

What benefit package does the ESI program use? **[7500]**

Wisconsin Medicaid.

Are there any minimum coverage requirements for the benefit package? **[7500]**

Must be a "HIPAA compliant" plan. We interpret this to mean it is, at a minimum, a major medical plan.

Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

Yes, to the Wisconsin Medicaid level.

Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

No.

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

<u>0</u>	Number of childless adults ever-enrolled during the reporting period
<u>719</u>	Number of adults ever-enrolled during the reporting period
<u>854</u>	Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

We have no evidence at this time of such substitution.

10. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

Mobile workforce, more employers offering incentives to employees to opt out of coverage, increased cost sharing.

11. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

Continuing increases in the number of HIPPP cases.

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

Expansion of categories of members who can be considered based on BadgerCare Plus.

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

No data on this.

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)** **[7500]**

\$1,060,000

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: 2260

Employer: \_\_\_\_\_

Employee: 0

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

40%

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

Yes.

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

Not if there is a new employer. If a member drops an ESI plan without good cause, and then tries to enroll via HIPPP, there is a 6-month period when they're not BadgerCare eligible.

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

No waiting list. The HIPPP program is very small so a cap has not been considered. Operationally, it could be done.

**PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS  
(I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS))**

Does your state have a written plan that has safeguards and establishes methods and procedures for:

(1) prevention

(2) investigation

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

Wisconsin's Separate Child Health Program is the BadgerCare Prenatal program which does not have a dedicated fraud state plan. However, Wisconsin does have a general plan that covers the Medicaid and Food Share programs which the contracted agencies are expected to follow. Each agency conducts their own fraud and abuse plan and within that plan BadgerCare Prenatal cases may be included in the profile selected by the individual agency. Since there is no centralized mechanism for collecting data statewide Wisconsin does not have the detailed data requested below. The future plan is to develop a more extensive state plan that enhances our data collection methods.

For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

**Provider Credentialing**

\_\_\_\_\_ Number of cases investigated

\_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

**Provider Billing**

\_\_\_\_\_ Number of cases investigated



\_\_\_\_\_

\_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

\_\_\_\_\_ Number of cases investigated

\_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP ☐

Medicaid and SCHIP Combined ☐

3. Does your state rely on contractors to perform the above functions?

☐ Yes, please answer question below.

☐ No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

Enter any Narrative text below. **[7500]**

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED SCHIP PLAN

Benefit Costs	2007	2008	2009
Insurance payments			
Managed Care	86445693	90767978	95306377
Fee for Service	82025849	86127142	90433799
<b>Total Benefit Costs</b>	168471542	176895120	185740176
(Offsetting beneficiary cost sharing payments)	-7422320	-7793436	-8183108
<b>Net Benefit Costs</b>	\$ 161049222	\$ 169101684	\$ 177557068

### Administration Costs

Personnel	287706	302091	317195
General Administration	6102915	6652177	7250873
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
<b>Total Administration Costs</b>	6390621	6954268	7568068
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	17894358	18789076	19728563

<b>Federal Title XXI Share</b>	117593002	123820151	132494060
<b>State Share</b>	49846841	52235801	52631076

<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	167439843	176055952	185125136
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☐ Tobacco settlement
- ☐ Other (specify) **[500]**

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

No.

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	113675	\$ 142	119359	\$ 150	125327	\$ 157
Fee for Service	53109	\$ 233	55764	\$ 245	58553	\$ 257

Enter any Narrative text below. **[7500]**

## SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
	* Upper % of FPL are defined as Up to and Including									
Children	From	100	% of FPL to	200	% of FPL *	From		% of FPL to		% of FPL *
Parents	From	100	% of FPL to	200	% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

\_\_\_\_\_ Number of **children** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **parents** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **childless adults** ever enrolled during the reporting period in the demonstration

What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. [1000]

Covering parents increases enrollment of children.

Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
<b>Benefit Costs for Demonstration Population #1 (e.g., children)</b>					
Insurance Payments					
Managed care	21799771	22887760	24034248	25235960	
per member/per month rate @ # of eligibles	73	77	80	85	
Fee for Service	21400177	22470186	23593695	24773380	
Average cost per enrollee in fee for service	152	160	167	176	
<b>Total Benefit Costs for Waiver Population #1</b>	<b>43199948</b>	<b>45357946</b>	<b>47627943</b>	<b>50009340</b>	<b>0</b>

### Benefit Costs for Demonstration Population #2

(e.g., parents)

Insurance Payments					
Managed care	64645921	67878217	71272128	74835735	
per member/per month rate for managed care	211	221	232	244	
Fee for Service	42437550	44559427	46787399	49126769	
Average cost per enrollee in fee for service	230	242	254	267	
<b>Total Benefit Costs for Waiver Population #2</b>	107083471	112437644	118059527	123962504	0

**Benefit Costs for Demonstration Population #3**

(e.g., pregnant women)

Insurance Payments					
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #3</b>	0	0	0	0	0

**Benefit Costs for Demonstration Population #4**

(e.g., childless adults)

Insurance Payments					
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #3</b>	0	0	0	0	0

<b>Total Benefit Costs</b>	150283419	157795590	165687470	173971844	0
(Offsetting Beneficiary Cost Sharing Payments)	-7422320	-7793436	-8183108	-8592263	
<b>Net Benefit Costs</b> (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)	142861099	150002154	157504362	165379581	0

**Administration Costs**

Personnel	287706	302091	317195	333055	
General Administration	6102915	6652177	7250873	7903451	
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
<b>Total Administration Costs</b>	6390621	6954268	7568068	8236506	0
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	15873455	16666906	17500485	18375509	0

<b>Federal Title XXI Share</b>	104819483	110387452	118142338	122104194	0
<b>State Share</b>	44432237	46568970	46930092	51511893	0

<b>TOTAL COSTS OF DEMONSTRATION</b>	149251720	156956422	165072430	173616087	0
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When was your budget last updated (please include month, day and year)? **[500]**

October 1, 2007.

Please provide a description of any assumptions that are included in your calculations. **[500]**

We do not track SCHIP administration costs separately. Projections are calculated at 5% growth, except general administration, which is calculated at 9% growth. Adults in the BadgerCare program but not in the Demonstration population are not included.

Other notes relevant to the budget: **[7500]**

As of July 1, 2007, parents from 100-130% FPL were moved to Medicaid (T19).

## **SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS**

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For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP. **[7500]**

Wisconsin, like most other states in the country, has faced major fiscal challenges over the past few years. The cost of private health insurance continues to escalate and private businesses are providing less health care coverage for Wisconsin residents. At the same time, the Medicaid and BadgerCare programs are providing more health coverage and the number of uninsured is increasing.

During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

Adequately funding BadgerCare remains the biggest challenge. However, while funding remains challenging, Wisconsin's Governor has stated his commitment to cover all uninsured children, to streamline and simplify the program, and to help employers cope with increased health insurance costs.

During the reporting period, what accomplishments have been achieved in your program? **[7500]**

For the FFY 2007 the average number BadgerCare recipients in a month increased by approximately 4,000 compared to statistics for FFY 2006. The average number of BadgerCare recipients in a month who are children remained about the same from FFY 2006 to FFY 2007.

What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

A very significant change for Wisconsin's SCHIP program is the implementation of BadgerCare Plus beginning in February 2008. BadgerCare Plus will merge Wisconsin's current Family Medicaid and BadgerCare programs into one streamlined program that will cover more individuals. Coverage will be expanded to the following groups: all children regardless of income; pregnant women with income between 185% and 300% of the FPL; parents and caretaker relatives with incomes up to 200% of the FPL (including those with children in foster care); and youths exiting out of foster care.

This change is being undertaken to ensure that every child in Wisconsin has access to affordable health insurance.

More information about this program can be found at the following web site:  
[www.dhfs.wisconsin.gov/badgercareplus](http://www.dhfs.wisconsin.gov/badgercareplus)

Enter any Narrative text below. **[7500]**